



EDUCATION DEPARTMENT

JOB PLACEMENT INFORMATION

APPLICANTS NAME _____
APPLICANTS CURRENT ADDRESS _____

APPLICANTS PHONE # _____

EMPLOYERS NAME _____
EMPLOYERS ADDRESS _____
EMPLOYERS PHONE # _____
JOB TITLE _____
WAGE _____
DATE HIRED _____

ADDITIONAL COMMENTS:

Please fill out this form completely and return to our office:
Red Cliff Education Department
88385 Pike Rd., Hwy 13
Bayfield, WI 54814

DO NOT WRITE BELOW THIS LINE

FOR JOB VERIFICATION EDUCATION DEPARTMENT MUST COMPLETE THIS SECTION.

DATE OF VERIFICATION _____

EMPLOYER CONTACT PERSON _____

JOB TITLE _____

WAGE _____ DATE HIRED _____

FULL TIME POSITION? YES _____ NO _____

PERMANENT POSITION? YES _____ NO _____

SIGNATURE DATE APPROVED _____ NOT APPROVED _____

TO BE INITIALED BY FOR TRAINING ONLY:

I hereby apply to attend the school indicated on this application and agree to follow all the rules, regulations and attendance requirements of the school and to the best of my ability will satisfactorily complete the course which I have selected. I further agree that the funds issued me for training purposes by the Bureau of Indian Affairs will be so used or repayment will be made to the US Government. I understand that if I am eligible for other training funds, such as PELL Grant, etc., this will be included when computing my financial aid package and I agree to use those funds for the purposes intended. I authorize the school to release grade, attendance and income information to the Bureau of Indian Affairs' personnel. _____

(initial)

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENT:

Paperwork reduction act notice of 1995 (5 C.F.R. part 1320): This information is being collected to determine the eligibility for vocational training. Response to this request is required to obtain financial assistance services. An agency may not collect or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this collection is 1076-0062.

Burden estimate statement: Public reporting burden for this form is estimated to average 30 minutes per response. Direct comments regarding the burden estimate or aspects such as utility of information, relatedness to mission of BIA, to Information Collection Officer, BIA; 1849 C Street, NW; Mail Stop 4657 MIB; Washington, DC 20240.

1. The authority for solicitation of the information on this form is 25 U.S.C. 13 (42 stat. 208) and P.L. 84-959 (70 Stat. 986) as amended by P.L. 88-230 (77 stat. 471, 25 U.S.C. 309)
2. Disclosure of the requested information by the applicant is voluntary, but required to obtain a benefit.
3. The purpose of this information collection is to determine your eligibility for services.
4. The routine use of this information by the BIA and school counselors is to evaluate your request and to assist you before and during your training. After completion of training, or if this application is for direct employment, parts or all of the information in your application will be provided to employers who are considering you for employment. The application will be used in a routine manner by counselors working with you who need background information, and by those persons involved in financial control who need budgeting information contained in the application.
5. Failure to provide requested information may result in a delay or denial in receiving the training or job placement assistance you are seeking.

I have read the above statement. I hereby provide the required information and authorize the use of such information to the extent of the uses specified in the statement.

Applicant's Signature _____

Date _____

Interviewers Signature _____

Date _____

FOR AGENCY USE:

I certify that _____ is _____ Degree of Indian blood,
member of the _____ Tribe and is/is not eligible for training or employment
assistance services.

Recommended by: _____

Approved: _____
(Agency Superintendent)

Title: _____

Required, area action taken: _____

Approved: _____

Not Approved: _____

Date _____

Area Director

**U.S. DEPARTMENT OF THE INTERIOR
BUREAU OF INDIAN AFFAIRS**

APPLICATION FOR TRAINING OR EMPLOYMENT ASSISTANCE

Social Security # _____

INFORMATION RECORD

Name(last, first, MI)	Mailing Address Phone #	Date of Birth
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Veteran Marital Status # of dependents
____ Yes ____ Single ____ Married ____ Widowed Dependents ____
____ No ____ Divorced ____ Separated Children in school ____

Applying for:	Request:	Agency:	In case of Emergency:
Vocational training ____	Initial ____	_____	Name _____
Direct Employment ____	Repeat 1 2 3 Area	_____	Address _____
Other _____	(circle)	_____	Phone# _____

Education:
Highest Grade Completed: _____ Schools Attended and Dates: _____

Type of training or employment you are interested in: _____
Do you have any physical limitations that would interfere with your training or employment? Yes ____ No ____
If yes, please explain. _____

Training or employment location desired: _____
For training:

Course no. and title: _____
School and address: _____

Do you have income from any source? ____ Yes ____ No If yes, please explain. _____

Employment Record: (list your 3 most important periods of employment)

From _____ To _____ Employer name and address _____
Job Title _____ Description of duties _____
Reason for leaving _____

From _____ To _____ Employer name and address _____
Job Title _____ Description of duties _____
Reason for leaving _____

From _____ To _____ Employer name and address _____
Job Title _____ Description of duties _____
Reason for leaving _____

**RED CLIFF EDUCATION DEPARTMENT
88385 PIKE RD. HWY 13
BAYFIELD, WI 54814**

**POLICES AND REQUIREMENTS OF THE EMPLOYMENT ASSISTANCE
PROGRAM**

The Employment Assistance program, also known as Relocation, is available to individuals who have obtained new employment. The goal of the Employment Assistance Program is to promote self-efficient through permanent employment. This program can assist individuals financially until the receipt of their first full paycheck.

Moving expenses can be part of the Employment Assistance Program when actual relocation is necessary due to a required move for the purpose of secured employment. In this instance, assistance can be given when employment is obtained 50 miles out side the applicant's current residence.

What an individual qualifies for depends on many factors:

1. Individuals wishing to apply for Employment Assistance must do so within 30 days after the date of employment.
2. Grants will be awarded only to individuals' enrolled in the Red Cliff Band of Lake Superior Chippewa Indians.
3. The employment must be a full-time, permanent position. No assistance is available to individuals obtaining seasonal, temporary or part-time employment. Self-employed individuals or training programs are also ineligible for Employment Assistance.
4. The employment cannot be through a training program, such as CESA, CEP, JTPA, WCC, Manpower, etc.
5. The job must be verified through the employer.
6. An individual may only receive one Employment Assistance service during calendar year.
7. A maximum of two services will be allowed through either the Adult Vocational Training or Employment Assistance Program.
8. Once the Employment Assistance monies have been depleted, any applications received thereafter will be held for 15 days. If no additional funding becomes available within that time, the applicant will be notified and the application cancelled.

The following information is needed and must be supplied by the applicant:

1. Name, address, and telephone number of the employer.
2. Job Title.
3. Beginning wage per hour.
4. Job starting date.
5. Date of first paycheck.

Grievance procedure:

An individual may appeal to the Red Cliff Education/Scholarship Committee any cause he/she feels is unjustified. An appeal shall be made in writing to the Red Cliff Education/Scholarship Committee for their determination. If the individual feels that the Committee's decision on the appeal is unjust, he/she may appeal to the Red Cliff Tribal Council. The decision of the Council shall be final.

